THE CARE OF THE BLIND CHILD.

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THE CARE OF THE BLIND CHILD

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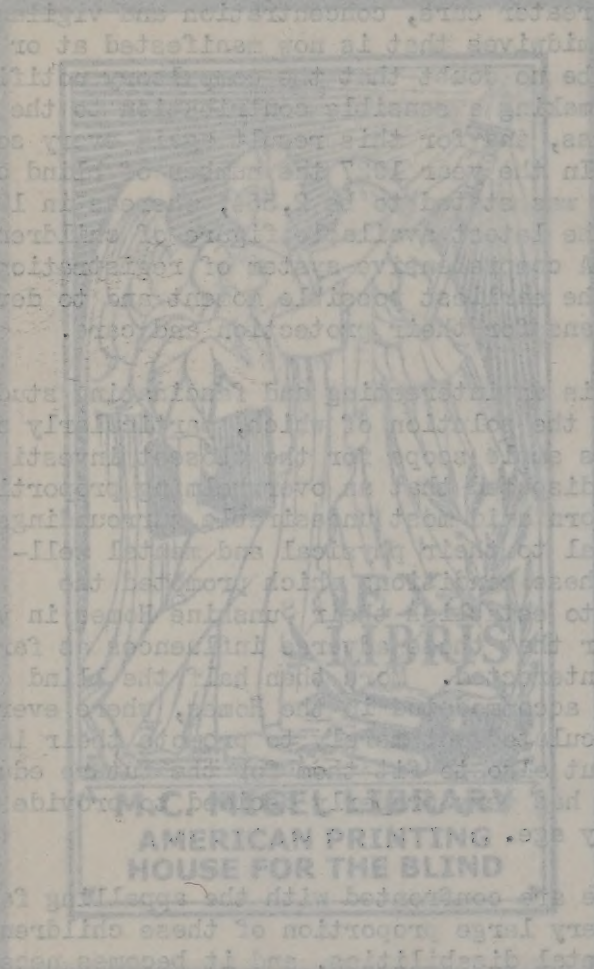
I t is pleasing to reflect that, with the growth of the general population, the numbers of blind children under five years of age are steadily declining. In 1925 the number of such children was 257; in 1927, 288, and in 1929, 258. At March 31st, 1937, the number was 196. We can only attribute this splendid result to the greater care, concentration and vigilance exercised by doctors, nurses and midwives that is now manifested at or prior to child-birth. There can be no doubt that the compulsory notification of ophthalmia neonatorum is making a sensible contribution to the diminution of the incidence of blindness, and for this result again every sociologist cannot but be grateful. In the year 1927 the number of blind children between the ages of 5 and 16 was stated to be 2,554, whereas in 1929 the number recorded was 2,438. The latest available figure of children in schools for the blind is 1,750. A comprehensive system of registration now enables us to discover cases at the earliest possible moment and to devise in consequence the appropriate means for their protection and care.

The care of the blind child is an interesting and fascinating study. It suggests innumerable problems, the solution of which, particularly on the educational side, still offers ample scope for the closest investigation and research. It cannot be disputed that an overwhelming proportion of these defective children are born amid most undesirable surroundings, and the very environment is prejudicial to their physical and mental well-being. It was the knowledge of these conditions which prompted the National Institute for the Blind to establish their Sunshine Homes in various parts of the country, in order that these adverse influences as far as possible might be checked and counteracted. More than half the blind children under the age of 6 years are accommodated in the Homes, where every facility is provided which is calculated not merely to promote their immediate happiness and well-being, but also to fit them for the future education and training which the state has very properly decided to provide for them when they reach the statutory age.

In discussing this subject we are confronted with the appalling fact that in addition to blindness a very large proportion of these children are suffering from other physical and mental disabilities, and it becomes necessary therefore to effect a proper classification as early as possible, in order that the appropriate treatment and training may be made available. It may be said that for these defectives the Ellen Terry Home for the reception of blind children is performing a magnificent service. But available means are totally inadequate to enable the authorities to meet a need which is ever urgent and insistent, and unless more voluntary support is forthcoming in the near future for capital expenditure, substantial help will have to be sought both from the state and the local authorities.

Facilities for increasing the number of nursery schools are requirements that are recognised by most social workers, and such needs are doubly emphasised when we are brought face to face with the problem as it affects these defective children.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From various reports of the Ministry of Health Advisory Committee on the Welfare of the Blind, the following figures have been taken:--

Mental Defectives:	at school:	1921	122	1929	52	1936	42
	not at school:	1921	138	1929	259	1936	237
Physical Defectives:	at school:	1929	95	1929	35	1936	13
	not at school:	1921	54	1929	106	1936	81
Total Defectives:		1921	409	1929	448	1936	373
Normal:		1921	2154	1929	1990	1936	1484
Grand Total:		1921	2563	1929	2438	1936	1857

It is a significant fact that in 1921 the number of school children was 2,563, the largest ever recorded, and although an improved system of registration has enabled us to discover a larger population of blind persons, it is satisfactory to observe that these increases mainly arise in later life, there being a progressive decline in the age incidence from 5 to 16 years.

Though we are obliged to recognise the fact that the disability of blindness of necessity must impair the general economic efficiency of those who are suffering from such a handicap, it will be obvious to educationalists and sociologists alike that our objective should be as far as possible to minimise the limitation that is thus imposed. Modern methods of instruction are achieving this object, not merely because by statute facilities for employment have increased, but in the main because of the fact that all concerned are fully alive to the importance of transforming a condition of dependence into one of wage earning capacity.

When we speak of the care of the blind child we must be able clearly to visualise the fundamental objective we have in view, viz.--so to proceed with the education and training of such a child as to reduce disabilities to a minimum, and thereby to encourage the development of all those essential qualities which make for good citizenship and the promotion of self-reliance and independence. We may rest assured that, by sustaining these attributes, we are doing more than anything else to stimulate and maintain the happiness of the individual, whilst at the same time providing for him a useful sphere of activity in the society of which he must be a component part.

It may be true that educationalists in schools for the blind in this country have not concerned themselves so intimately with the psychological aspect of blindness, with all its implications, as in America, for example, but the practical outlook that is maintained here has enabled the teacher to guard against the obsession of fads and theories which cannot be turned to useful account. It must not be implied, however, that there is any disposition to depreciate the value of such psychological research. It is all important in that it provides a scientific basis for our work, thereby enabling us to avoid the pitfalls likely to result from haphazard speculation or lack of experience.

Taking account, therefore, of all the facilities that exhaustive psychological investigation and research have placed at our disposal, we are enabled to systematize the care of the blind child in such a way as to prepare him as early as practicable for the instruction he is to receive in the primary schools. The formation and direction of habits of conduct and of thought constitutes an integral part of early training, and the observations made by teachers and others added to their own knowledge and general experience enable them to overcome initial difficulties that would prove impossible to the uninitiated. One of the officers of the Sunshine Homes speaking of the blind child says:—

"When you really get down to essentials, the differences between the blind and sighted child are actually very small. They are normal in their likes and dislikes; they play together, fight each other, exchange toys, appreciate each other's toys; like sweets and cakes, show an aversion to tasks and a keen enjoyment of holidays, and finally have the same marked curiosity as to the why and the wherefore of everything that a normal growing child exhibits. On studying them, one of their most outstanding characteristics is an entire absence of fear with relation to people—strangers or friends—and objects. This demonstrates what a large part sight plays in encouraging fear in the daily life. A sighted baby of tender years will stand at the top of a staircase and seeing the depth below will hesitate and even draw back, but a blind baby—not seeing the well below, goes forward confidently.

"A sighted baby will perhaps be alarmed by the height of an adult or by his dark clothes or spectcles, but a blind baby shows no fear or shyness."

It is not easy satisfactorily to account for some of the habits that are found in these infants, but many competent authorities have sought an explanation in the fact that the nervous condition of the children, from which blindness frequently results, tends to produce certain idinsyncrasies in movement and habits of conduct which intelligent training and medical care will eliminate subsequently.

It is found from experience that the adoption of the nursery school methods has produced inestimable results. Although children may be received at the Sunshine Homes from earliest infancy, their schoolroom life begins at the age of three, but there is no attempt at formal instruction at any age. The teaching given is in response to the child's own questioning attitude; free activity, rather than the use of formal apparatus, is found to give the best results, especially in the case of the younger children or those who are mentally retarded. "With free activity," writes a teacher in one of the Homes, "the child's whole being is stimulated. He works with greater concentration and zeal, for his task is self-chosen."

I am in entire agreement with an eminent psychologist who says: "It has always seemed to me that the teaching of blind children is an art which requires peculiar gifts of insight and sympathy, together with a special knowledge and a modified pedagogic technique. It is not easy for the teacher of blind children, who himself still possesses full visual powers, to enter

with complete sympathy (in its technical meaning) into the emotional and mental life of his charges. Hence the teaching of the blind is in every sense a vocation."

It has sometimes been suggested that the care of blind children can be undertaken in precisely the same manner as is required by those children who are in every sense normal. It seems to me that such an attitude, should it persist, is calculated to fail, not merely because the character and attainments of the children are never likely to be properly understood and developed, but because also the very purpose for which the special teacher is employed would appear to be entirely lost. However we may attempt to minimize the handicap of blindness, it is an important factor for which provision must be made when we are contemplating the means to be employed for the proper care and early training of these children. Indeed, if the ordinary machinery were in itself adequate, we could proceed along normal lines, entirely disregarding the disadvantages to which reference is here made. It is obvious, however, that such a premise cannot be sustained. Lack of sight, with all its limitations, must not simply be recognized, but the teacher must be so equipped by clearly understanding the special difficulties to present to the children a conception of all the objects which lie outside the reach of their hands.

We are by no means certain in the present state of our knowledge how far their descriptions succeed in giving the correct mental picture. All that we know is that the presentation must be such as to impart to the child a concept which he has not previously enjoyed. However imperfect the photograph may be when first transmitted to the brain, it is tolerably certain that it approximates more nearly to the accurate under wise and informed instruction. We may reasonably speculate, however, as to the competence of the ablest instructors who is called upon to train a child whose physical and mental perceptions are limited to an examination by touch of the objects within his reach. Such a child can acquire a superficial idea of the meaning and significance of these objects, but the instructor is confronted with an enormous responsibility and a task of no light magnitude when he is required to convey the color sense or to give a description of a sunrise or a sunset, which can be in any real sense either appreciated or understood.

In addition to outstanding personal qualities, the teacher of the blind, if he is to attain a reasonable measure of success, must possess a practical knowledge of the special apparatus invented for the use of non-seeing children. Above all else, the teacher of the blind must understand the processes of mental growth, he must know how the complex conceptual life of the fully endowed person is normally attained, and how in the case of those who are handicapped by lack of vision, these processes are or may be modified by the differences in experience which are the outcome of necessarily changed or restricted opportunities, of different instruction, and possibly of altered mental processes and attitudes produced by the condition of blindness itself.

The teacher of the blind needs especially to understand the psychology of blindness in relationship to the entire sphere of training, for he will then be able to gauge what may reasonably be expected of those under his

care, and be ready to meet future needs with sympathy and understanding. Among the many problems still awaiting a satisfactory solution, we may reasonably ask, does blindness of necessity imply a limited development, and if so, does it also presuppose a restricted environment? Are the educational facilities at our disposal such as to enable us to triumph over these limitations, and if so, what concrete evidence is there available for establishing the viewpoint that such difficulties are capable of readjustment within the universe of experience.

One thing is certain, however, viz., the care of the blind child is one of those social problems, the dimensions of which are not likely to be substantially broadened in the future. A continuity of preventive work will appreciably reduce the number of children requiring this special care, In the U.S.A. this gratifying result is already seen, in that a number of the special homes formerly existing for the care of such children have now been closed, it having been deemed sufficient in respect of the comparatively few cases arising to provide adequate instruction for the parents or guardians. It may be that in this country we are some distance removed from such a happy consummation, but we are justified in so directing our energies as eventually to secure such a result.

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